



Linda McCulloch, Superintendent

Montana Office of Public Instruction
P.O. Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov

Local Education Agency (LEA) Security

Form for E-Grants Application Roles

(Includes School Districts, Special Education Cooperatives
and Community-Based Organizations)

This form is for LEA use and must be kept on file for audit purposes

The Authorized Representative is responsible for assigning roles to each individual who will access the E-grants system on behalf of the LEA. This form is to be used by the Authorized Representative to authorize these assignments. The completed form is to be forwarded to the LEA's Security Coordinator who will establish the appropriate security roles in the E-grants system for the individuals specified. The completed and signed form must be retained by the LEA.

If you have questions regarding this form, please contact the OPI Help Desk at 406-444-3448.

LEA/Organization Name: _____

LE #: _____

Instructions:

Fill in the First and Last Name, User ID, Begin Date and End Date (period for which the role will be active) for each staff member that you want to be able to perform the functions described below. The AR may designate more than one person for the LEA Data Entry or LEA View Only Access roles. The name of the Authorized Representative must be entered in the AR role.

LEA E-Grants Application Roles

→ LEA View Only Access

This role will have security level access to review the LEA application. This will be a 'read only' access, as this role cannot save changes to the application.

→ LEA Data Entry Staff

This role will allow LEA staff to enter data into the application. This role completes all data entry and runs the Consistency Check to ensure that the application is ready for review and approval by the AR.

→ LEA Authorized Representative (AR)

This role is responsible for reviewing and agreeing to all Certifications and Assurances, completing a final review of the LEA's application, and formally submitting the application to the Office of Public Instruction. This role can also complete data entry and run the Consistency Check. The AR may also perform all of the functions of the Financial/Business Manager.

LEA E-Grants Financial Roles

→ Financial View Only Access

This role will have security level access to review the payment information for the LEA. This will be a 'read only' access, as this role cannot save changes to any data.

→ Financial Data Entry Staff

This role will be able to enter the Reimbursement Requests and Expense Reports data into E-Grants. This role will complete payment data entry and ensure that the Requests are ready for review and approval by the Financial/Business Manager.

→ Financial/Business Manager (Authorized Approval Role)

This role will be responsible for approving and formally submitting the Reimbursement Request and Expense Reports to the OPI as completed and ready for the OPI review and approval. This role can also complete payment data entry.

First Name	Last Name	User ID	Begin Date (optional)	End Date* (optional)

Authorized Representative (AR) Role

First Name	Last Name	User ID	Begin Date (optional)	End Date* (optional)

Financial/Business Manager Role (Authorized Approval Role if different person than AR)

First Name	Last Name	User ID	Begin Date (optional)	End Date* (optional)

Application Roles

Program(s)

Planning Tool

☐ View Only or ☐ Data Entry

NCLB

☐ View Only or ☐ Data Entry

IDEA Preschool and Part B

☐ View Only or ☐ Data Entry

Title I-A School Improvement

☐ View Only or ☐ Data Entry

Title I-C Migrant Education Program

☐ View Only or ☐ Data Entry

Title IV-B 21st Century CLC

☐ View Only or ☐ Data Entry

Perkins Secondary

☐ View Only or ☐ Data Entry

Financial Roles

Program(s)

NCLB

☐ View Only or ☐ Data Entry

IDEA Preschool and Part B

☐ View Only or ☐ Data Entry

Title I-A School Improvement

☐ View Only or ☐ Data Entry

Title I-C Migrant Education Program

☐ View Only or ☐ Data Entry

Title IV-B 21st Century CLC

☐ View Only or ☐ Data Entry

Perkins Secondary

☐ View Only or ☐ Data Entry

First Name	Last Name	User ID	Begin Date (optional)	End Date* (optional)

Application Roles

Program(s)

Planning Tool

☐ View Only or ☐ Data Entry

NCLB

☐ View Only or ☐ Data Entry

IDEA Preschool and Part B

☐ View Only or ☐ Data Entry

Title I-A School Improvement

☐ View Only or ☐ Data Entry

Title I-C Migrant Education Program

☐ View Only or ☐ Data Entry

Title IV-B 21st Century CLC

☐ View Only or ☐ Data Entry

Perkins Secondary

☐ View Only or ☐ Data Entry

Financial Roles

Program(s)

NCLB

☐ View Only or ☐ Data Entry

IDEA Preschool and Part B

☐ View Only or ☐ Data Entry

Title I-A School Improvement

☐ View Only or ☐ Data Entry

Title I-C Migrant Education Program

☐ View Only or ☐ Data Entry

Title IV-B 21st Century CLC

☐ View Only or ☐ Data Entry

Perkins Secondary

☐ View Only or ☐ Data Entry

First Name	Last Name	User ID	Begin Date (optional)	End Date* (optional)
<u>Application Roles</u> <u>Program(s)</u> Planning Tool <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry NCLB <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry IDEA Preschool and Part B <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title I-A School Improvement <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title I-C Migrant Education Program <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title IV-B 21st Century CLC <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Perkins Secondary <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry		<u>Financial Roles</u> <u>Program(s)</u> NCLB <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry IDEA Preschool and Part B <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title I-A School Improvement <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title I-C Migrant Education Program <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Title IV-B 21st Century CLC <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry Perkins Secondary <input type="checkbox"/> View Only or <input type="checkbox"/> Data Entry		
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***End Date will default to 12/31/2999 if not entered**

My signature on this form authorizes the LEA's Security Coordinator for E-Grant users to add persons listed on this form to E-Grants in the roles identified.

Authorized Representative:

Name: _____
(Please Print)

Date: _____
(mm/dd/yyyy)

Signature: _____

Telephone : _____

E-mail address: _____